

DEPARTMENT OF CORRECTIONS  
VICTIM/WITNESS NOTIFICATION PROGRAM  
**REGISTRATION CARD**

PLEASE PRINT-USE BALL POINT PEN **ALL INFORMATION LISTED ON THIS CARD IS CONFIDENTIAL AND WILL BE SAFEGUARDED**

NAME OF OFFENDER (Last, First, Middle)		DOC NUMBER (if known)
COUNTY OF CONVICTION	CAUSE NUMBER (if known)	
OFFENSE		SENTENCE DATE (if known)
NAME OF PROGRAM ENROLLEE ( <b>Your</b> Name: Last, First, Middle) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		TELEPHONE NUMBER HOME
STREET OR MAILING ADDRESS		MESSAGE PHONE
CITY	STATE	ZIP
RELATIONSHIP (check one) Victim <input type="checkbox"/> Witness <input type="checkbox"/> Next of Kin to Victim <input type="checkbox"/> Guardian of Minor Victim <input type="checkbox"/> Other <input type="checkbox"/>		YOUR SS#
		DATE OF BIRTH      /      /

☐ CHECK BOX ONLY IF  
NEW ADDRESS

**NOTE: THIS REGISTRATION CARD IS TO  
BE USED TO REQUEST NOTIFICATION ON  
SEX OFFENDERS ONLY.**

P128 POL

SIGNATURE

DATE

PLEASE PRINT NAME

DOC 390.300